

NYS-45-ATT
 (0.04) Quarterly Combined Withholding, Wage Reporting
 and Unemployment Insurance Return-Attachment

 0418-C025 NY 04097 TAXPAY*
 Employer Registration Number 7058417 5
 Withholding Identification Number 13394550 1
 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 1 Jan 1- Apr 1 2 Apr 1- Jul 1 3 Jul 1- Oct 1 4 Oct 1- Dec 1
 Y Y Y Y
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box
 Annual wage and withholding totals
 If this return is for the 4th quarter or the last
 return you will be filing for the calendar year,
 complete columns (4) and (5).
 (4) Gross wages subject
 to withholding
 (5) Total tax
 withheld

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
100-80-0875	GONZALEZ GIOVANNI	3485.00		
101-40-5583	GUTMAN GABRIEL JAMES	3540.00		
101-54-2328	EVANS ALONZO	4120.00		
108-50-6216	ALTINARAND NELSON	4377.50		
109-85-4321	SODDY NADER	3150.00		
113-32-3391	SPINOLER FRED	7128.20		
113-82-9159	RAMIREZ RICHARD A	5420.00		
113-80-0927	MICHAEL ENAD	3155.00		
118-50-9087	CHESNEY RAFAEL	1150.00		
117-78-2170	YOUSSEF TAREK	6271.25		
118-44-0951	SENIARD RICARDO	3120.00		
120-87-6540	BUTTRAND ALEJANDRO	1550.00		
121-84-2958	DE LA CRUZ JUAN	4150.00		
122-44-0387	PERLAJA HORACIO	5100.00		

 Page No. 5 of 8 Total this page only
 If first page, enter grand totals
 of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Preparer's signature	Telephone number	Date	Check if self-employed	Preparer's social security number
REFERENCE COPY PREPARED BY PAYEE DO NOT FILE					
Address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				
Zip	06105				
Preparer's EIN	16-1124165				
Preparer's title	Preparer				
Preparer's address	1175 JOHN STREET	14585-9199	16-1124165		
City	WEST HARTFORD, CT				
State	CT				

DO NOT CUT, FOLD OR STAPLE		Form Official Use Only	
A Tax year/years involved 2003 / 1, 2		B Employer's EIN 55555	
C Employer's name, address and EIN PARK IT MANAGEMENT CORP 250 W 26TH STREET NEW YORK, NY 10001		D Kind of Payment CT-1 Held res. Medium part. emp. Third-party claim payr	
E Employer's Federal EIN 13-3349590		F Employer's state ID number 334.92	
G Employer's Federal EIN 13-3349590		H Employer's state ID number 334.92	
I Total of amounts previously reported as shown on enclosed Forms W-2s		J Total of corrected amounts as shown on enclosed Forms W-2s	
K Total of amounts previously reported as shown on enclosed Forms W-2s		L Total of corrected amounts as shown on enclosed Forms W-2s	
1 Wages, tips, other compensation 43220.00	2 Federal income tax withheld 334.92	3 Social security wages 43220.00	4 Social security tax withheld 2679.64
5 Social security wages 43220.00	6 Social security tax withheld 2679.64	7 Medicare wages and tips 43220.00	8 Medicare tax withheld 626.70
9 Medicare wages and tips 43220.00	10 Medicare tax withheld 626.70	11 Federal income tax 43220.00	12 Federal income tax 43220.00
13 Federal income tax 43220.00	14 Federal income tax 43220.00	15 Social security tax 43220.00	16 Social security tax 43220.00
17 Social security tax 43220.00	18 Social security tax 43220.00	19 Medicare tax 43220.00	20 Medicare tax 43220.00
21 Medicare tax 43220.00	22 Medicare tax 43220.00	23 Social security tax 43220.00	24 Social security tax 43220.00
25 Social security tax 43220.00	26 Social security tax 43220.00	27 Medicare tax 43220.00	28 Medicare tax 43220.00
29 Medicare tax 43220.00	30 Medicare tax 43220.00	31 Social security tax 43220.00	32 Social security tax 43220.00
33 Social security tax 43220.00	34 Social security tax 43220.00	35 Medicare tax 43220.00	36 Medicare tax 43220.00
37 Medicare tax 43220.00	38 Medicare tax 43220.00	39 Social security tax 43220.00	40 Social security tax 43220.00
41 Social security tax 43220.00	42 Social security tax 43220.00	43 Medicare tax 43220.00	44 Medicare tax 43220.00
45 Medicare tax 43220.00	46 Medicare tax 43220.00	47 Social security tax 43220.00	48 Social security tax 43220.00
49 Social security tax 43220.00	50 Social security tax 43220.00	51 Medicare tax 43220.00	52 Medicare tax 43220.00
53 Medicare tax 43220.00	54 Medicare tax 43220.00	55 Social security tax 43220.00	56 Social security tax 43220.00
57 Social security tax 43220.00	58 Social security tax 43220.00	59 Medicare tax 43220.00	60 Medicare tax 43220.00
61 Medicare tax 43220.00	62 Medicare tax 43220.00	63 Social security tax 43220.00	64 Social security tax 43220.00
65 Social security tax 43220.00	66 Social security tax 43220.00	67 Medicare tax 43220.00	68 Medicare tax 43220.00
69 Medicare tax 43220.00	70 Medicare tax 43220.00	71 Social security tax 43220.00	72 Social security tax 43220.00
73 Social security tax 43220.00	74 Social security tax 43220.00	75 Medicare tax 43220.00	76 Medicare tax 43220.00
77 Medicare tax 43220.00	78 Medicare tax 43220.00	79 Social security tax 43220.00	80 Social security tax 43220.00
81 Social security tax 43220.00	82 Social security tax 43220.00	83 Medicare tax 43220.00	84 Medicare tax 43220.00
85 Medicare tax 43220.00	86 Medicare tax 43220.00	87 Social security tax 43220.00	88 Social security tax 43220.00
89 Social security tax 43220.00	90 Social security tax 43220.00	91 Medicare tax 43220.00	92 Medicare tax 43220.00
93 Medicare tax 43220.00	94 Medicare tax 43220.00	95 Social security tax 43220.00	96 Social security tax 43220.00
97 Social security tax 43220.00	98 Social security tax 43220.00	99 Medicare tax 43220.00	100 Medicare tax 43220.00
101 Medicare tax 43220.00	102 Medicare tax 43220.00	103 Social security tax 43220.00	104 Social security tax 43220.00
105 Social security tax 43220.00	106 Social security tax 43220.00	107 Medicare tax 43220.00	108 Medicare tax 43220.00
109 Medicare tax 43220.00	110 Medicare tax 43220.00	111 Social security tax 43220.00	112 Social security tax 43220.00
113 Social security tax 43220.00	114 Social security tax 43220.00	115 Medicare tax 43220.00	116 Medicare tax 43220.00
117 Medicare tax 43220.00	118 Medicare tax 43220.00	119 Social security tax 43220.00	120 Social security tax 43220.00
121 Social security tax 43220.00	122 Social security tax 43220.00	123 Medicare tax 43220.00	124 Medicare tax 43220.00
125 Medicare tax 43220.00	126 Medicare tax 43220.00	127 Social security tax 43220.00	128 Social security tax 43220.00
129 Social security tax 43220.00	130 Social security tax 43220.00	131 Medicare tax 43220.00	132 Medicare tax 43220.00
133 Medicare tax 43220.00	134 Medicare tax 43220.00	135 Social security tax 43220.00	136 Social security tax 43220.00
137 Social security tax 43220.00			

Purpose of Form

Use this form to transfer Copy A of Form(s) W-2s, Corrected Wages and Tax Statement (Rev. 10-2002). Make a copy of Form W-2s and keep it with Copy 3 (For Employer) of Form W-2s for your records. File Form W-2s even if only one Form W-2 is being filed or if these Form W-2s are being filed only to correct an employer's error or social security number (SSN). See the separate instructions for Forms W-2s and W-2s (Rev. December 2002) for information on completing this form.

If you use the U.S. Postal Service, send Form W-2s and W-2s to the following address:

Social Security Administration
Data Operations Center
P.O. Box 3033
Wilkes-Barre, PA 18767-3033

If you use a carrier other than the U.S. Postal Service, send Form W-2s to the following address:

When To File

File this form and Copy A of Form(s) W-2a with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2CM, W-2CA, or W-2VL. Also provide Copy 1, C, and 2 of Form W-2a to your employee as soon as possible.

Form **W-3B** (Rev. 12-2002)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

☒ 3W3CFED1 NTP 222222 Copyright 1993 Standard/News - Press Release Date 29-1962847

Department of the Treasury
Internal Revenue Service

a Tax year/term corrected 2003 /W-2		b Employee's correct SSN 923-78-4289		c Corrected name if selected enter correct name in line 6 and complete line 3		d Employee's Federal EIN 13-3949590	
e Employee's first name and initial MILTON		f Last name GONZALEZ		g Employee's name, address, and ZIP code 250 W 36TH STREET NEW YORK, NY 10001		h Employee's home address and ZIP code 250 W 36TH STREET NEW YORK, NY 10001	
i Employee's address and ZIP code Complete lines 8 and line 1 only if incorrect on last form filed. a.		j Employee's incorrect SSN		k Employee's name (as incorrectly shown on previous form)		l	
<p>Notes: Only complete information fields that are being corrected (except MOGL).</p>							
Previously reported		Correct Information		Previously reported		Correct Information	
1 Wages, tips, other compensation 43220.00		1 Wages, tips, other compensation 14840.00		3 Federal income tax withheld 334.92		3 Federal income tax withheld 86.45	
2 Social security wages 43220.00		2 Social security wages 14840.00		4 Social security tax withheld 2579.64		4 Social security tax withheld 920.00	
3 Medicare wages and tips 43220.00		3 Medicare wages and tips 14840.00		5 Medicare tax withheld 626.70		5 Medicare tax withheld 235.18	
7 Social security tax		7 Social security tax		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment		9 Advance EIC payment		10 Dependent care benefits		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for line 12		12a See instructions for line 12	
13 Unemployment tax		13 Unemployment tax		12b See instructions for line 12		12b See instructions for line 12	
14 Other (see instructions) NYSDI 93.00		14 Other (see instructions) NYSDI 39.60		12c See instructions for line 12		12c See instructions for line 12	
15 State income tax		15 State income tax		12d See instructions for line 12		12d See instructions for line 12	
16 State income tax		16 State income tax		12e See instructions for line 12		12e See instructions for line 12	
17 State income tax		17 State income tax		12f See instructions for line 12		12f See instructions for line 12	
18 State income tax		18 State income tax		12g See instructions for line 12		12g See instructions for line 12	
19 State income tax		19 State income tax		12h See instructions for line 12		12h See instructions for line 12	
20 State income tax		20 State income tax		12i See instructions for line 12		12i See instructions for line 12	
21 State income tax		21 State income tax		12j See instructions for line 12		12j See instructions for line 12	
22 State income tax		22 State income tax		12k See instructions for line 12		12k See instructions for line 12	
23 State income tax		23 State income tax		12l See instructions for line 12		12l See instructions for line 12	
24 State income tax		24 State income tax		12m See instructions for line 12		12m See instructions for line 12	
25 State income tax		25 State income tax		12n See instructions for line 12		12n See instructions for line 12	
26 State income tax		26 State income tax		12o See instructions for line 12		12o See instructions for line 12	
27 State income tax		27 State income tax		12p See instructions for line 12		12p See instructions for line 12	
28 State income tax		28 State income tax		12q See instructions for line 12		12q See instructions for line 12	
29 State income tax		29 State income tax		12r See instructions for line 12		12r See instructions for line 12	
30 State income tax		30 State income tax		12s See instructions for line 12		12s See instructions for line 12	
31 State income tax		31 State income tax		12t See instructions for line 12		12t See instructions for line 12	
32 State income tax		32 State income tax		12u See instructions for line 12		12u See instructions for line 12	
33 State income tax		33 State income tax		12v See instructions for line 12		12v See instructions for line 12	
34 State income tax		34 State income tax		12w See instructions for line 12		12w See instructions for line 12	
35 State income tax		35 State income tax		12x See instructions for line 12		12x See instructions for line 12	
36 State income tax		36 State income tax		12y See instructions for line 12		12y See instructions for line 12	
37 State income tax		37 State income tax		12z See instructions for line 12		12z See instructions for line 12	
38 State income tax		38 State income tax		12aa See instructions for line 12		12aa See instructions for line 12	
39 State income tax		39 State income tax		12ab See instructions for line 12		12ab See instructions for line 12	
40 State income tax		40 State income tax		12ac See instructions for line 12		12ac See instructions for line 12	
41 State income tax		41 State income tax		12ad See instructions for line 12		12ad See instructions for line 12	
42 State income tax		42 State income tax		12ae See instructions for line 12		12ae See instructions for line 12	
43 State income tax		43 State income tax		12af See instructions for line 12		12af See instructions for line 12	
44 State income tax		44 State income tax		12ag See instructions for line 12		12ag See instructions for line 12	
45 State income tax		45 State income tax		12ah See instructions for line 12		12ah See instructions for line 12	
46 State income tax		46 State income tax		12ai See instructions for line 12		12ai See instructions for line 12	
47 State income tax		47 State income tax		12aj See instructions for line 12		12aj See instructions for line 12	
48 State income tax		48 State income tax		12ak See instructions for line 12		12ak See instructions for line 12	
49 State income tax		49 State income tax		12al See instructions for line 12		12al See instructions for line 12	
50 State income tax		50 State income tax		12am See instructions for line 12		12am See instructions for line 12	
51 State income tax		51 State income tax		12an See instructions for line 12		12an See instructions for line 12	
52 State income tax		52 State income tax		12ao See instructions for line 12		12ao See instructions for line 12	
53 State income tax		53 State income tax		12ap See instructions for line 12		12ap See instructions for line 12	
54 State income tax		54 State income tax		12aq See instructions for line 12		12aq See instructions for line 12	
55 State income tax		55 State income tax		12ar See instructions for line 12		12ar See instructions for line 12	

a Tax year/Form corrected 2003 /W-2		OMB No. 1545-0008	
b Employer's correct SSN		c Corrected name (If changed enter corrections in block c and complete lines e and f)	d Employer's Federal EIN
927-73-0991			13-3949590
e Employer's first name and initial BUGENIO		f Last name LOYOLA	g Employer's name, address, and ZIP code PARK IT MANAGEMENT CORP 250 W 26TH STREET NEW YORK, NY 10001
h Employer's address and ZIP code 5411 4TH AVENUE APT 1 BROOKLYN, NY 11220		i Employer's name (as incorrectly shown on previous form)	
j Employer's address and ZIP code Complete boxes b and/or i only if incorrect on last form filed. >		k Employer's incorrect SSN	
l Employer's incorrect EIN		m Employer's name (as incorrectly shown on previous form)	
Note: Only complete many fields that are being corrected (except MISC).			
Previously reported		Correct Information	
1 Wages, tips, total compensation D.00	1 Wages, tips, total compensation 15650.00	2 Federal income tax withheld D.00	2 Federal income tax withheld 297.72
3 Social security wages 0.00	3 Social security wages 15650.00	4 Social security tax withheld D.00	4 Social security tax withheld 970.30
5 Medicare wages and tips 0.00	5 Medicare wages and tips 15650.00	6 Medicare tax withheld D.00	6 Medicare tax withheld 226.93
7 Social security type	7 Social security type	8 Allocated tips	8 Allocated tips
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for line 12	12a See instructions for line 12
12a See instructions for line 12	12a See instructions for line 12	12b See instructions for line 12	12b See instructions for line 12
12b See instructions for line 12	12b See instructions for line 12	12c See instructions for line 12	12c See instructions for line 12
12c See instructions for line 12	12c See instructions for line 12	12d See instructions for line 12	12d See instructions for line 12
12d See instructions for line 12	12d See instructions for line 12	12e See instructions for line 12	12e See instructions for line 12
12e See instructions for line 12	12e See instructions for line 12	12f See instructions for line 12	12f See instructions for line 12
12f See instructions for line 12	12f See instructions for line 12	12g See instructions for line 12	12g See instructions for line 12
12g See instructions for line 12	12g See instructions for line 12	12h See instructions for line 12	12h See instructions for line 12
12h See instructions for line 12	12h See instructions for line 12	12i See instructions for line 12	12i See instructions for line 12
12i See instructions for line 12	12i See instructions for line 12	12j See instructions for line 12	12j See instructions for line 12
12j See instructions for line 12	12j See instructions for line 12	12k See instructions for line 12	12k See instructions for line 12
12k See instructions for line 12	12k See instructions for line 12	12l See instructions for line 12	12l See instructions for line 12
12l See instructions for line 12	12l See instructions for line 12	12m See instructions for line 12	12m See instructions for line 12
12m See instructions for line 12	12m See instructions for line 12	12n See instructions for line 12	12n See instructions for line 12
12n See instructions for line 12	12n See instructions for line 12	12o See instructions for line 12	12o See instructions for line 12
12o See instructions for line 12	12o See instructions for line 12	12p See instructions for line 12	12p See instructions for line 12
12p See instructions for line 12	12p See instructions for line 12	12q See instructions for line 12	12q See instructions for line 12
12q See instructions for line 12	12q See instructions for line 12	12r See instructions for line 12	12r See instructions for line 12
12r See instructions for line 12	12r See instructions for line 12	12s See instructions for line 12	12s See instructions for line 12
12s See instructions for line 12	12s See instructions for line 12	12t See instructions for line 12	12t See instructions for line 12
12t See instructions for line 12	12t See instructions for line 12	12u See instructions for line 12	12u See instructions for line 12
12u See instructions for line 12	12u See instructions for line 12	12v See instructions for line 12	12v See instructions for line 12
12v See instructions for line 12	12v See instructions for line 12	12w See instructions for line 12	12w See instructions for line 12
12w See instructions for line 12	12w See instructions for line 12	12x See instructions for line 12	12x See instructions for line 12
12x See instructions for line 12	12x See instructions for line 12	12y See instructions for line 12	12y See instructions for line 12
12y See instructions for line 12	12y See instructions for line 12	12z See instructions for line 12	12z See instructions for line 12
12z See instructions for line 12	12z See instructions for line 12	12aa See instructions for line 12	12aa See instructions for line 12
12aa See instructions for line 12	12aa See instructions for line 12	12ab See instructions for line 12	12ab See instructions for line 12
12ab See instructions for line 12	12ab See instructions for line 12	12ac See instructions for line 12	12ac See instructions for line 12
12ac See instructions for line 12	12ac See instructions for line 12	12ad See instructions for line 12	12ad See instructions for line 12
12ad See instructions for line 12	12ad See instructions for line 12	12ae See instructions for line 12	12ae See instructions for line 12
12ae See instructions for line 12	12ae See instructions for line 12	12af See instructions for line 12	12af See instructions for line 12
12af See instructions for line 12	12af See instructions for line 12	12ag See instructions for line 12	12ag See instructions for line 12
12ag See instructions for line 12	12ag See instructions for line 12	12ah See instructions for line 12	12ah See instructions for line 12
12ah See instructions for line 12	12ah See instructions for line 12	12ai See instructions for line 12	12ai See instructions for line 12
12ai See instructions for line 12	12ai See instructions for line 12	12aj See instructions for line 12	12aj See instructions for line 12
12aj See instructions for line 12	12aj See instructions for line 12	12ak See instructions for line 12	12ak See instructions for line 12
12ak See instructions for line 12	12ak See instructions for line 12	12al See instructions for line 12	12al See instructions for line 12
12al See instructions for line 12	12al See instructions for line 12	12am See instructions for line 12	12am See instructions for line 12
12am See instructions for line 12	12am See instructions for line 12	12an See instructions for line 12	12an See instructions for line 12
12an See instructions for line 12	12an See instructions for line 12	12ao See instructions for line 12	12ao See instructions for line 12
12ao See instructions for line 12	12ao See instructions for line 12	12ap See instructions for line 12	12ap See instructions for line 12
12ap See instructions for line 12	12ap See instructions for line 12	12aq See instructions for line 12	12aq See instructions for line 12
12aq See instructions for line 12	12aq See instructions for line 12	12ar See instructions for line 12	12ar See instructions for line 12
12ar See instructions for line 12	12ar See instructions for line 12	12as See instructions for line 12	12as See instructions for line 12
12as See instructions for line 12	12as See instructions for line 12	12at See instructions for line 12	12at See instructions for line 12

Form 501-2c (Rev. 12-2007)

Corrected Wages and Tax Statement

Copy D -- For Employer

22-17262-47

Department of the Treasury
Internal Revenue Service

a Tax year/form corrected 2003 /W-2		cOMB No. 1545-0004	
b Employee's correct SSN		e Corrected name <input type="checkbox"/> If correct use the correct name in box c and complete box f	
f14-76-5686		g Employee's federal EIN 13-3549590	
h Employee's first name and initial RUBIN		i Employee's name, address, and ZIP code PARK IT MANAGEMENT CORP 250 R 26TH STREET NEW YORK, NY 10001	
j Employee's address and ZIP code 104-59 41 AVENUE QURENB, NY			
k Complete boxes h and/or i only if incorrect on last form filed. >		l Employee's name (as incorrectly shown on previous form)	

Note: Only complete money fields that are being corrected (except WGBS).

Previously reported			Correct Information			Previously reported			Correct Information		
1	Wages, tips, other compensation	0.00	1	Wages, tips, other compensation	12730.00	2	Federal income tax withheld	0.00	2	Federal income tax withheld	40.75
3	Social security wages	0.00	3	Social security wages	12730.00	4	Social security tax withheld	0.00	4	Social security tax withheld	789.26
5	Medicare wages and tips	0.00	5	Medicare wages and tips	12730.00	6	Medicare tax withheld	0.00	6	Medicare tax withheld	184.59
7	Social security tax		7	Social security tax		8	Allocated tips		8	Allocated tips	
9	Advance EIC payment		9	Advance EIC payment		10	Dependent care benefits		10	Dependent care benefits	
11	Nonqualified plans		11	Nonqualified plans		12a	See instructions for box 12		12a	See instructions for box 12	
13a	Employer's state ID number		13a	Employer's state ID number		12b	See instructions for box 12		12b	See instructions for box 12	
13b	Other (see instructions)	0.00	13b	Other (see instructions)	NYSDI	12c	See instructions for box 12		12c	See instructions for box 12	

State Correction Information

Previously reported		Correct Information		Previously reported		Correct Information	
15	State	15	NY	15	State	15	State
16	Employee's state ID number	16	Employee's state ID number	16	Employee's state ID number	16	Employee's state ID number
17	State wages, tips, etc.	17	State wages, tips, etc.	17	State wages, tips, etc.	17	State wages, tips, etc.
18	State income tax	18	State income tax	18	State income tax	18	State income tax
19	Local wages, tips, etc.	19	Local wages, tips, etc.	19	Local wages, tips, etc.	19	Local wages, tips, etc.
20	Local income tax	20	Local income tax	20	Local income tax	20	Local income tax
21	Locality name	21	Locality name	21	Locality name	21	Locality name

Form 1042-2007 (Rev. 12-2007)

Extracted Wagon and Yarn Elements

Copy D — For Registrar

[illegible][illegible]

Form W-2 Wage and Tax Statement 2003				EMPLOYER REFERENCE COPY - DO NOT FILE			
1 Employer's name (or name of the partnership)		2 Employer's EIN		3 Social Security number of the employee			
HILTI/USA		000000000		123-45-6789			
4 Employer's address (street, city, state, and ZIP code)		5 Employer's telephone number		6 Date of payment or filing			
123 W 45TH ST NEW YORK NY 10001		212-555-1234		12/31/03			
7 Description of the employee's job		8 Hours worked		9 Gross wages, tips, and other compensation		10 Federal income tax withheld	
SALES REPRESENTATIVE		2,100		720.00		45.86	
11 Social Security tax withheld		12 Medicare tax withheld		13 State income tax withheld		14 Local income tax withheld	
12.00		2.94		10.00		0.00	
15 Total amount of taxes withheld		16 Total amount of taxes withheld		17 Total amount of taxes withheld		18 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
19 Social Security tax on tips		20 Medicare tax on tips		21 State income tax on tips		22 Local income tax on tips	
0.00		0.00		0.00		0.00	
23 Total amount of taxes withheld on tips		24 Total amount of taxes withheld on tips		25 Total amount of taxes withheld on tips		26 Total amount of taxes withheld on tips	
0.00		0.00		0.00		0.00	
27 Total amount of taxes withheld		28 Total amount of taxes withheld		29 Total amount of taxes withheld		30 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
31 Total amount of taxes withheld		32 Total amount of taxes withheld		33 Total amount of taxes withheld		34 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
35 Total amount of taxes withheld		36 Total amount of taxes withheld		37 Total amount of taxes withheld		38 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
39 Total amount of taxes withheld		40 Total amount of taxes withheld		41 Total amount of taxes withheld		42 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
43 Total amount of taxes withheld		44 Total amount of taxes withheld		45 Total amount of taxes withheld		46 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
47 Total amount of taxes withheld		48 Total amount of taxes withheld		49 Total amount of taxes withheld		50 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
51 Total amount of taxes withheld		52 Total amount of taxes withheld		53 Total amount of taxes withheld		54 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
55 Total amount of taxes withheld		56 Total amount of taxes withheld		57 Total amount of taxes withheld		58 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
59 Total amount of taxes withheld		60 Total amount of taxes withheld		61 Total amount of taxes withheld		62 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
63 Total amount of taxes withheld		64 Total amount of taxes withheld		65 Total amount of taxes withheld		66 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
67 Total amount of taxes withheld		68 Total amount of taxes withheld		69 Total amount of taxes withheld		70 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
71 Total amount of taxes withheld		72 Total amount of taxes withheld		73 Total amount of taxes withheld		74 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
75 Total amount of taxes withheld		76 Total amount of taxes withheld		77 Total amount of taxes withheld		78 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
79 Total amount of taxes withheld		80 Total amount of taxes withheld		81 Total amount of taxes withheld		82 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
83 Total amount of taxes withheld		84 Total amount of taxes withheld		85 Total amount of taxes withheld		86 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
87 Total amount of taxes withheld		88 Total amount of taxes withheld		89 Total amount of taxes withheld		90 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
91 Total amount of taxes withheld		92 Total amount of taxes withheld		93 Total amount of taxes withheld		94 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
95 Total amount of taxes withheld		96 Total amount of taxes withheld		97 Total amount of taxes withheld		98 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	
99 Total amount of taxes withheld		100 Total amount of taxes withheld		101 Total amount of taxes withheld		102 Total amount of taxes withheld	
24.00		24.00		24.00		24.00	

[illegible]

Form W-2 Wage and Tax Statement 2003				EMPLOYER REFERENCE COPY - DO NOT FILE		040007	
1 Social Security Number		78-0000000		3 Employer's name, address, and ZIP code 240 N JEFFER ST NEW YORK NY 10001		Department of the Treasury - Internal Revenue Service	
2 State Social Security Number		33B-23-32334		4 Federal income tax withheld		5 Total amount paid for federal income tax	
13 Social Security wages		30.20		14 Social Security tax withheld		15 Total amount paid for Social Security tax	
16 Medicare wages		30.20		17 Medicare tax withheld		18 Total amount paid for Medicare tax	
19 Social Security tips		0.00		20 Social Security tax on tips		21 Total amount paid for Social Security tax on tips	
22 Medicare tips		0.00		23 Medicare tax on tips		24 Total amount paid for Medicare tax on tips	
25 Other income		0.00		26 Other taxes		27 Total amount paid for other taxes	
28 Total income		0.00		29 Total taxes		30 Total amount paid for taxes	
31 Total amount paid for taxes		0.00		32 Total amount paid for taxes		33 Total amount paid for taxes	
34 Total amount paid for taxes		0.00		35 Total amount paid for taxes		36 Total amount paid for taxes	
37 Total amount paid for taxes		0.00		38 Total amount paid for taxes		39 Total amount paid for taxes	
40 Total amount paid for taxes		0.00		41 Total amount paid for taxes		42 Total amount paid for taxes	
43 Total amount paid for taxes		0.00		44 Total amount paid for taxes		45 Total amount paid for taxes	
46 Total amount paid for taxes		0.00		47 Total amount paid for taxes		48 Total amount paid for taxes	
49 Total amount paid for taxes		0.00		50 Total amount paid for taxes		51 Total amount paid for taxes	
52 Total amount paid for taxes		0.00		53 Total amount paid for taxes		54 Total amount paid for taxes	
55 Total amount paid for taxes		0.00		56 Total amount paid for taxes		57 Total amount paid for taxes	
58 Total amount paid for taxes		0.00		59 Total amount paid for taxes		60 Total amount paid for taxes	
61 Total amount paid for taxes		0.00		62 Total amount paid for taxes		63 Total amount paid for taxes	
64 Total amount paid for taxes		0.00		65 Total amount paid for taxes		66 Total amount paid for taxes	
67 Total amount paid for taxes		0.00		68 Total amount paid for taxes		69 Total amount paid for taxes	
70 Total amount paid for taxes		0.00		71 Total amount paid for taxes		72 Total amount paid for taxes	
73 Total amount paid for taxes		0.00		74 Total amount paid for taxes		75 Total amount paid for taxes	
76 Total amount paid for taxes		0.00		77 Total amount paid for taxes		78 Total amount paid for taxes	
79 Total amount paid for taxes		0.00		80 Total amount paid for taxes		81 Total amount paid for taxes	
82 Total amount paid for taxes		0.00		83 Total amount paid for taxes		84 Total amount paid for taxes	
85 Total amount paid for taxes		0.00		86 Total amount paid for taxes		87 Total amount paid for taxes	
88 Total amount paid for taxes		0.00		89 Total amount paid for taxes		90 Total amount paid for taxes	
91 Total amount paid for taxes		0.00		92 Total amount paid for taxes		93 Total amount paid for taxes	
94 Total amount paid for taxes		0.00		95 Total amount paid for taxes		96 Total amount paid for taxes	
97 Total amount paid for taxes		0.00		98 Total amount paid for taxes		99 Total amount paid for taxes	
100 Total amount paid for taxes		0.00		101 Total amount paid for taxes		102 Total amount paid for taxes	

[illegible][illegible]

Form W-2 Wage and Tax Statement 2003		EMPLOYER REFERENCE COPY - DO NOT FILE	
Employer's name (print or type) 678-B-CITY Employer's EIN 12-34567890		Department or Division - National Bureau Service 456-DEF	
7885-EMPLOYER'S SOCIAL SECURITY NUMBER 987-65-4321		State to which employee is subject to tax STATE TX MAINTENANCE City or State NEW YORK NY 10001	
Employer's address (print or type) 123 Main St New York, NY 10001		1 Federal income tax withheld 151.00	
2 State income tax withheld 10.20		3 Local income tax withheld 252.00	
3 Federal income tax withheld 10.20		4 Federal income tax withheld 88.50	
5 Local income tax withheld 10.20		6 Local income tax withheld 10.20	
7 Local income tax withheld 10.20		8 Local income tax withheld 10.20	
9 Local income tax withheld 10.20		10 Local income tax withheld 10.20	
11 Local income tax withheld 10.20		12 Local income tax withheld 10.20	
13 Local income tax withheld 10.20		14 Local income tax withheld 10.20	
15 Local income tax withheld 10.20		16 Local income tax withheld 10.20	
17 Local income tax withheld 10.20		18 Local income tax withheld 10.20	
19 Local income tax withheld 10.20		20 Local income tax withheld 10.20	
21 Local income tax withheld 10.20		22 Local income tax withheld 10.20	
23 Local income tax withheld 10.20		24 Local income tax withheld 10.20	
25 Local income tax withheld 10.20		26 Local income tax withheld 10.20	
27 Local income tax withheld 10.20		28 Local income tax withheld 10.20	
29 Local income tax withheld 10.20		30 Local income tax withheld 10.20	
31 Local income tax withheld 10.20		32 Local income tax withheld 10.20	
33 Local income tax withheld 10.20		34 Local income tax withheld 10.20	
35 Local income tax withheld 10.20		36 Local income tax withheld 10.20	
37 Local income tax withheld 10.20		38 Local income tax withheld 10.20	
39 Local income tax withheld 10.20		40 Local income tax withheld 10.20	
41 Local income tax withheld 10.20		42 Local income tax withheld 10.20	
43 Local income tax withheld 10.20		44 Local income tax withheld 10.20	
45 Local income tax withheld 10.20		46 Local income tax withheld 10.20	
47 Local income tax withheld 10.20		48 Local income tax withheld 10.20	
49 Local income tax withheld 10.20		50 Local income tax withheld 10.20	
51 Local income tax withheld 10.20		52 Local income tax withheld 10.20	
53 Local income tax withheld 10.20		54 Local income tax withheld 10.20	
55 Local income tax withheld 10.20		56 Local income tax withheld 10.20	
57 Local income tax withheld 10.20		58 Local income tax withheld 10.20	
59 Local income tax withheld 10.20		60 Local income tax withheld 10.20	
61 Local income tax withheld 10.20		62 Local income tax withheld 10.20	
63 Local income tax withheld 10.20		64 Local income tax withheld 10.20	
65 Local income tax withheld 10.20		66 Local income tax withheld 10.20	
67 Local income tax withheld 10.20		68 Local income tax withheld 10.20	
69 Local income tax withheld 10.20		70 Local income tax withheld 10.20	
71 Local income tax withheld 10.20		72 Local income tax withheld 10.20	
73 Local income tax withheld 10.20		74 Local income tax withheld 10.20	
75 Local income tax withheld 10.20		76 Local income tax withheld 10.20	
77 Local income tax withheld 10.20		78 Local income tax withheld 10.20	
79 Local income tax withheld 10.20		80 Local income tax withheld 10.20	
81 Local income tax withheld 10.20		82 Local income tax withheld 10.20	
83 Local income tax withheld 10.20		84 Local income tax withheld 10.20	
85 Local income tax withheld 10.20		86 Local income tax withheld 10.20	
87 Local income tax withheld 10.20		88 Local income tax withheld 10.20	
89 Local income tax withheld 10.20		90 Local income tax withheld 10.20	
91 Local income tax withheld 10.20		92 Local income tax withheld 10.20	
93 Local income tax withheld 10.20		94 Local income tax withheld 10.20	
95 Local income tax withheld 10.20		96 Local income tax withheld 10.20	
97 Local income tax withheld 10.20		98 Local income tax withheld 10.20	
99 Local income tax withheld 10.20		100 Local income tax withheld 10.20	

PAGE 12

PAGE 12

PAGE 19

PAGE 14

PAGE 11PAGE 20PAGE 20PAGE 27

PAGE 32

END


PAGE 20

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

PAGE 17

PAGE 21

PAGE 25PAGE 35

NYS-45 <small>(NYS)</small>		Quarterly Combined Withholding Wage Reporting and Unemployment Insurance Return		 40015116									
Refer to these numbers in all correspondence: Employer Identification Number 7086417 5 Withholding Identification Number 133949590													
Employer Legal Name PARK IT MANAGEMENT CORP		This return covers the period indicated below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Jan 1 - Jan 31</td> <td style="width: 25%;">Apr 1 - Apr 30</td> <td style="width: 25%;">Jul 1 - Sep 30</td> <td style="width: 25%;">Oct 1 - Dec 31</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">03</td> </tr> </table>				Jan 1 - Jan 31	Apr 1 - Apr 30	Jul 1 - Sep 30	Oct 1 - Dec 31	1	2	3	03
Jan 1 - Jan 31	Apr 1 - Apr 30	Jul 1 - Sep 30	Oct 1 - Dec 31										
1	2	3	03										
Due Date: 01/31/04		If seasonal employer, check box											
Number of Employees Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 15th day of each month.		a. First month 97 b. Second month 98 c. Third month 97											
Part A - Unemployment Insurance (UI) Information 1. Total remuneration paid this quarter: 438463.00 2. Total remuneration paid this quarter to each employee in excess of \$5000 since January 1, 2003: 301069.00 3. Wages subject to contribution (less 1/2 rate for 2003): 57374.00 4. Unemployment insurance tax (less 1/2 rate for 2003): 1448.68 5. Recapture payment (less 1/2 rate for 2003): 43.03 6. UI previously deposited with interest: 0.00 7. Total of lines 4, 5, and 6: 1491.72 8. Error UI previously overpaid: 0.00 9. Total UI amount due (line 7 less greater than line 8, enter difference): 1491.72 10. Total UI overpaid (line 8 is greater than line 7, enter difference and check box "I pay")			Part B - Withholding Tax (WT) Information 12. New York State tax withheld: 13822.09 13. City of New York tax withheld: 5607.52 14. City of New York tax withheld: 0.00 15. Total tax withheld (add lines 12, 13 and 14): 19429.61 16. WT credit (less greater than quarter's return (see line 15), enter difference): 0.00 17. NYS-4 unemployment tax credit for quarter: 18957.62 18. Total payments (add lines 16 and 17): 18957.62 19. WT amount due (line 16 is greater than line 17, enter difference): 520.99 20. Total WT overpaid (line 17 is greater than line 16, enter difference and check box "I pay") 0.00 21a. Apply to outstanding balances and/or refund: OR 21b. Credit to next quarter withholding: 0.00 21. Total payments (add lines 18 and 19, less any credit payable to NYS Employment Tax) 2021.71										
AN OVERPAYMENT OF EITHER TAX CANNOT BE USED TO OFFSET THE AMOUNT DUE ON THE OTHER TAX. Complete parts D and E on back of form, if required. This is a cancellable form; please file the original.													
Part C - Employee Wage and Withholding Information													
WAGES FILED ON MAGNETIC TAPE (a) Social security no. (b) Last name, first name middle initial (c) (d) Last name and first name (e) Gross wages subject to withholding (f) Total wages withheld													
Annual wages and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete amounts (f) and (g). (g) Gross wages subject to withholding (h) Total wages withheld													
Totals (Column (a) must appear on accompanying Form 1, see instructions for recording)													
TO YOUR PRESENT EMPLOYER: If the information on this return is to be the basis of any knowledge and belief (true, correct and accurate) you pay or prepare													
REFERENCE COPY PREPARED BY EMPLOYER Date: 1/26/04 Telephone Number: 585.338.7800													
Do not write on this form DO NOT FILE													

[illegible]

NYS-45-ATT
(0/04)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment0418-C025 NY 04007
Employer Registration Number
Withholding Identification NumberTAXPAY#
7064417 5
133949590 1Employer Legal Name
PARK IT MANAGEMENT CORPA. This return covers the period indicated below:
Jan 1 - Apr 1 May 1 - Aug 1 Sep 1 - Dec 1
1 2 3 4 Y YCheck applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
067-02-4900	ASTUDILLO WILLIAM	0.00	4320.00	41.58
067-89-7850	CASTILLO FABIAN	0.00	4080.00	45.90
072-62-5271	FAHARDAS PETER	0.00	8000.00	413.44
073-90-7023	BASLAUS SAVIR	0.00	720.00	6.93
074-95-9753	LOYOLA FREDY	3580.00	11720.00	86.02
076-62-3191	TINED FRANCISCO	4925.00	16900.00	556.86
076-82-0859	BENCOSME ELVIS	4100.00	14760.00	405.72
076-90-0539	CORONEL WILSON FERNANDO	3120.00	12480.00	240.80
077-66-2776	BARAENA RAUL	7150.00	28700.00	886.00
078-65-5621	LOPEZ GEORGE RODAS	0.00	1680.00	20.93
080-74-8472	IBRAHEM NIDHAT	5200.00	19960.00	679.02
084-86-5811	DAVIDO HASKAT P	0.00	1200.00	30.72
085-26-4635	GRODNEZ EMILIO	3170.00	11750.00	208.44
085-50-0578	CHERREZ FERNANDO	5600.00	17930.00	217.35
Page No. 3 of 10	Total this page only	35005.00	154200.00	3840.72

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Preparer's signature	Date	Check if self-employed	Preparer's social security number
REFERENCE COPY PREPARED BY PAYCHEX, DO NOT FILE				
Payroll service name	Payroll service address	Payroll service phone	Payroll service fax	Payroll service email
PAYCHEX, INC.	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	14586-9199	16-1124166	
Payroll service address	Payroll service address	Payroll service address	Payroll service address	Payroll service address
1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199
PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417

NYS-45-ATT
(0/04)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment0418-C025 NY 04007
Employer Registration Number
Withholding Identification NumberTAXPAY#
7064417 5
133949590 1Employer Legal Name
PARK IT MANAGEMENT CORPA. This return covers the period indicated below:
Jan 1 - Apr 1 May 1 - Aug 1 Sep 1 - Dec 1
1 2 3 4 Y YCheck applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
085-44-4071	BARRIOS WILLIAM	3350.00	14010.00	227.56
086-52-4660	MOSES JUEL	7181.20	31573.78	1845.05
087-82-3312	RAMIREZ JORGE	0.00	3600.00	70.50
087-88-3664	ALIX NADY FAYE	3840.00	15120.00	447.12
089-76-0600	POLANCO VICTOR	3320.00	9320.00	194.58
089-90-9800	STIER NASHAT	970.00	970.00	21.00
090-77-8741	RIVERA WALTER	3260.00	13200.00	153.58
090-80-2256	COMPUSSO JOSE	3140.00	5440.00	120.75
091-63-8456	FAJARDO CESAR	3220.00	12725.00	208.46
091-76-4784	ACOSTA FELIPE	4250.00	18850.00	533.50
091-82-7833	MATE VICTOR	4350.00	25182.00	900.68
092-62-8582	PEREZ CARLOS	3750.00	11070.00	249.59
092-70-7850	HERRERA GERARDO	4971.00	29582.32	1762.29
093-85-6513	SANCHEZ ALVARO	4410.00	15950.00	319.36
Page No. 4 of 10	Total this page only	50102.80	205373.08	7085.98

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Preparer's signature	Date	Check if self-employed	Preparer's social security number
REFERENCE COPY PREPARED BY PAYCHEX, DO NOT FILE				
Payroll service name	Payroll service address	Payroll service phone	Payroll service fax	Payroll service email
PAYCHEX, INC.	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	14586-9199	16-1124166	
Payroll service address	Payroll service address	Payroll service address	Payroll service address	Payroll service address
1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199
PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417

NYS-45-ATT
(0/04)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment0418-C025 NY 04007
Employer Registration Number
Withholding Identification NumberTAXPAY#
7064417 5
133949590 1Employer Legal Name
PARK IT MANAGEMENT CORPA. This return covers the period indicated below:
Jan 1 - Apr 1 May 1 - Aug 1 Sep 1 - Dec 1
1 2 3 4 Y YCheck applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
094-59-7190	SPINOLEN GARY	44850.00	175400.00	20629.66
094-58-7559	SPINOLEN ADAM	6850.00	21350.00	843.87
097-68-7827	RODRIGO JORGE	4200.00	31400.00	245.88
098-67-6754	LUNA FREDY	0.00	7560.00	201.72
098-90-7047	DE JESUS JIMENEZ ANGEL	3380.00	13020.00	211.78
100-10-1000	GALVEZ PATRICK	0.00	1624.00	46.29
100-74-5778	FERNANDEZ JUAN C	3850.00	4510.00	50.35
100-89-0875	GONZALEZ RICHARD	3120.00	12480.00	303.88
101-80-9433	CRUZ FREDY A	0.00	5600.00	245.28
104-48-6601	OUTMAN GABRIEL JAYNE	4390.00	14270.00	235.91
104-54-2320	EVANS ALONZO	4570.00	19190.00	711.20
107-90-9137	FERRER ROBINSON J	0.00	4800.00	46.20
108-00-8236	ALTAMIRANO NELSON	4522.50	13122.50	314.99
109-65-4321	SUDH NADER	3120.00	12340.00	83.52
Page No. 5 of 10	Total this page only	82952.50	320686.50	24188.94

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Preparer's signature	Date	Check if self-employed	Preparer's social security number
REFERENCE COPY PREPARED BY PAYCHEX, DO NOT FILE				
Payroll service name	Payroll service address	Payroll service phone	Payroll service fax	Payroll service email
PAYCHEX, INC.	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	14586-9199	16-1124166	
Payroll service address	Payroll service address	Payroll service address	Payroll service address	Payroll service address
1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199
PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417

NYS-45-ATT
(0/04)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment0418-C025 NY 04007
Employer Registration Number
Withholding Identification NumberTAXPAY#
7064417 5
133949590 1Employer Legal Name
PARK IT MANAGEMENT CORPA. This return covers the period indicated below:
Jan 1 - Apr 1 May 1 - Aug 1 Sep 1 - Dec 1
1 2 3 4 Y YCheck applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
110-80-8592	ALTAMIRANO WILSON	4522.50	13878.50	404.70
112-32-3391	SPINOLEN FRED	7129.20	22484.40	7114.87
113-54-7043	PARRA EMILIO	0.00	10296.00	211.87
113-82-9159	RAMIREZ RICHARD A	3410.00	16860.00	402.13
113-88-0927	MIRALIL ENAO	2120.00	11520.00	272.00
116-50-5087	CHERREZ RAFAEL	3530.00	21567.50	417.91
117-78-2170	YOUSSEF TARAK	5557.50	23310.00	860.06
118-44-9551	SERANO RICARDO	3870.00	13182.00	214.02
118-87-6344	SARAF ZARIF L	0.00	1200.00	30.72
119-56-5926	HELENCEZ PEDRO	0.00	2485.84	143.79
121-84-2968	DE LA CRUZ JUAN	5470.00	17950.00	614.50
122-44-0387	PERLAZA HORACIO	4420.00	18267.75	465.63
123-44-5581	HEGAG JULIO	0.00	7320.00	184.01
123-45-5781	LUNA DANIEL	2880.00	12720.00	218.72
Page No. 6 of 10	Total this page only	43789.20	192815.99	11524.56

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Preparer's signature	Date	Check if self-employed	Preparer's social security number
REFERENCE COPY PREPARED BY PAYCHEX, DO NOT FILE				
Payroll service name	Payroll service address	Payroll service phone	Payroll service fax	Payroll service email
PAYCHEX, INC.	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	14586-9199	16-1124166	
Payroll service address	Payroll service address	Payroll service address	Payroll service address	Payroll service address
1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199	1175 JPM STREET WEST HENRIETTA, NY 14586-9199
PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417	PO BOX 1417 NEW YORK NY 10028-1417

NYS-45-ATT
 Quarterly Combined Withholding, Wage Reporting
 and Unemployment Insurance Return-Attachment

 0418-C025 NY 04007
 Employer Registration Number 7056417 5
 Withholding Identification Number 133949590 1

 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1-12 May 1-12 Sep 1-12 Dec 1-12
 1 2 3 4 Y Y
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) (1) Total remuneration/gross wages paid this quarter	(2) Gross wages subject to withholding	(3) Total tax withheld
123-74-1470	ACEVEDO JOHNY	2800.00	15280.00	458.48
123-90-8494	RANDON SEABASTIAN	3640.00	33980.00	440.97
124-56-4711	MONTALBANO LORRAINE	5310.00	16740.00	781.04
124-72-0000	ORDONEZ MARCELLO	2980.00	5800.00	119.16
124-81-4328	INDIO SAMIR F	5218.75	21951.25	965.04
125-25-8672	PENA LOUIS FERNANDO	3540.00	13580.00	220.44
125-78-2408	GUZIEL WALTER	2810.00	14172.00	263.58
125-82-8176	GARCIA ANGEL	0.00	690.00	9.23
126-85-5090	BALBUENA RAFAEL NABO	0.00	3120.00	31.59
132-90-1232	RIVERA HENRY	0.00	6720.00	68.04
135-13-9295	WASSEF RANY	1440.00	1440.00	35.04
135-86-8348	BESMED ARTURO	3740.00	5420.00	26.41
138-08-0834	HEXIAUEL ENAB	3120.00	5520.00	79.81
139-11-1922	IANA PETER	1440.00	1440.00	35.04
Page No. 8 of 10 Total this page only		18078.75	128751.25	3542.25

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Signature of Paid Preparer	Telephone number	Date	Check if self-employed	Preparer's EIN
Use	Signature of Paid Preparer	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service name	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
PAYCHECK, INC.	PAYCHECK, INC.	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	

NYS-45-ATT
 Quarterly Combined Withholding, Wage Reporting
 and Unemployment Insurance Return-Attachment

 0418-C025 NY 04007
 Employer Registration Number 7056417 5
 Withholding Identification Number 133949590 1

 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1-12 May 1-12 Sep 1-12 Dec 1-12
 1 2 3 4 Y Y
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) (1) Total remuneration/gross wages paid this quarter	(2) Gross wages subject to withholding	(3) Total tax withheld
139-28-3761	ABAD PAUL	0.00	4100.00	52.10
142-64-9361	GRAJALES GUSTAVO	3830.00	13770.00	250.32
143-02-5825	RODRIGUEZ JUNIOR	3370.00	12720.00	64.18
144-88-7359	GOMEZ HERMAN	4048.00	16556.80	253.17
146-27-6590	SEBASTIAN TELUORO	0.00	7020.00	52.52
148-88-9403	PERNAS FRANCISCO	930.00	12100.00	254.71
149-49-5081	ROMAS FREDDY	3910.00	15540.00	228.70
154-16-2197	ROMAS LUIS JAVIER	4102.50	12446.50	344.02
156-11-1801	RESSADA ASIRAP	220.00	2540.00	8.86
182-44-8726	CARANQUI JULIO	1670.00	17820.00	558.34
185-03-7654	TORO ALEXANDER	3380.00	13520.00	258.25
171-76-8259	GUTMAN JORGE I	3580.00	12107.00	187.84
181-80-3205	GIBRIS MICHEL	3570.00	12925.00	225.88
213-76-4577	CANACHO JOHN	2880.00	5940.00	111.00
Page No. 8 of 10 Total this page only		38158.50	159977.30	2875.21

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Signature of Paid Preparer	Telephone number	Date	Check if self-employed	Preparer's EIN
Use	Signature of Paid Preparer	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service name	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
PAYCHECK, INC.	PAYCHECK, INC.	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	

NYS-45-ATT
 Quarterly Combined Withholding, Wage Reporting
 and Unemployment Insurance Return-Attachment

 0418-C025 NY 04007
 Employer Registration Number 7056417 5
 Withholding Identification Number 133949590 1

 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1-12 May 1-12 Sep 1-12 Dec 1-12
 1 2 3 4 Y Y
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) (1) Total remuneration/gross wages paid this quarter	(2) Gross wages subject to withholding	(3) Total tax withheld
215-23-3254	CARROLL AUBREY	4170.00	14810.00	312.34
231-79-4956	MONTUFA FRANCISCO J	3280.00	12880.00	160.28
234-56-7890	ALTAHIRAND P FERNANDO	3840.00	12240.00	320.68
237-78-9035	URCILES VILMER	3540.00	14580.00	384.20
261-99-8569	ERIQUEZ MIGUEL	2630.00	14550.00	235.55
300-52-3715	SANCHEZ SALVADOR GUERRER	3378.00	13120.00	238.44
300-74-4260	PENAFIEL WASHINGTON	0.00	4448.00	90.08
333-72-2442	RODAS FRANCISCO	3540.00	14840.00	278.68
367-09-1250	RENDIZ CARLOS H	0.00	5510.00	69.73
458-23-2725	RODRIGUEZ DIANA	9730.00	35994.00	1557.48
481-57-3277	MEDINA SERGIO	2510.00	5130.00	23.88
496-36-8343	BRAYO FREDDY	0.00	13800.00	239.48
609-22-7178	CORONEL CHRISTIAN	1040.00	5980.00	91.00
692-47-7982	DE CASTRO SERGIO	4470.00	17880.00	453.88
Page No. 9 of 10 Total this page only		44275.00	185339.00	4456.09

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	Signature of Paid Preparer	Telephone number	Date	Check if self-employed	Preparer's EIN
Use	Signature of Paid Preparer	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service name	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
PAYCHECK, INC.	PAYCHECK, INC.	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	

NYS-45-ATT
 Quarterly Combined Withholding, Wage Reporting
 and Unemployment Insurance Return-Attachment

 0418-C025 NY 04007
 Employer Registration Number 7056417 5
 Withholding Identification Number 133949590 1

 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1-12 May 1-12 Sep 1-12 Dec 1-12
 1 2 3 4 Y Y
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) (1) Total remuneration/gross wages paid this quarter	(2) Gross wages subject to withholding	(3) Total tax withheld
609-64-8485	LOPEZ MARVIS	480.00	480.00	11.68
618-48-1230	ASAHASIOS ADEL	440.00	2540.00	72.53
622-15-6790	IBRAHIM MARCOS S	2733.50	11873.50	282.40
629-05-4891	JARAMILLO JOHN FREDDY	2640.00	15120.00	304.18
647-12-9107	QUINTEROS RODRIGO	1960.00	11540.00	242.32

 Page No. 10 of 10 Total this page only
 If first page, enter grand totals of all pages

10257.50 43652.50 862.11

Paid Preparer's Use	Signature of Paid Preparer	Telephone number	Date	Check if self-employed	Preparer's EIN
Use	Signature of Paid Preparer	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service name	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
PAYCHECK, INC.	PAYCHECK, INC.	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	
Payroll service address	Payroll service address	1175 JOHN STREET	14586-9199	16-1124166	

Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return - Attachment

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Page No. 1 of 1 Total this page only.....
If first page, enter grand total of all pages.....
If you are using a paid preparator or a payroll service, the preparator must sign this page.

Paid Preparator's Use
Preparator's signature: [Signature]
Preparator's firm name for year, if self-employed: [Firm Name]
Address: [Address]
City: [City] State: [State] Zip: [Zip]
Preparator's EIN: [EIN]

Payroll service name: [Service Name]
Prepared Date: [Date]
Mail to: NYS EMPLOYMENT TAXES, CHURCH STREET STATION, PO BOX 1417, NEW YORK, NY 10008-1417

Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return - Attachment

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Page No. 2 of 2 Total this page only.....
If first page, enter grand total of all pages.....
If you are using a paid preparator or a payroll service, the preparator must sign this page.

Paid Preparator's Use
Preparator's signature: [Signature]
Preparator's firm name for year, if self-employed: [Firm Name]
Address: [Address]
City: [City] State: [State] Zip: [Zip]
Preparator's EIN: [EIN]

Payroll service name: [Service Name]
Prepared Date: [Date]
Mail to: NYS EMPLOYMENT TAXES, CHURCH STREET STATION, PO BOX 1417, NEW YORK, NY 10008-1417

EMPLOYER COPY

EMPLOYER

Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return - Attachment

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Page No. 1 of 2 Total this page only.....
If first page, enter grand total of all pages.....
If you are using a paid preparator or a payroll service, the preparator must sign this page.

Paid Preparator's Use
Preparator's signature: [Signature]
Preparator's firm name for year, if self-employed: [Firm Name]
Address: [Address]
City: [City] State: [State] Zip: [Zip]
Preparator's EIN: [EIN]

Payroll service name: [Service Name]
Prepared Date: [Date]
Mail to: NYS EMPLOYMENT TAXES, CHURCH STREET STATION, PO BOX 1417, NEW YORK, NY 10008-1417

EMPLOYER COPY

EMPLOYER

Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return - Attachment

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Page No. 2 of 2 Total this page only.....
If first page, enter grand total of all pages.....
If you are using a paid preparator or a payroll service, the preparator must sign this page.

Paid Preparator's Use
Preparator's signature: [Signature]
Preparator's firm name for year, if self-employed: [Firm Name]
Address: [Address]
City: [City] State: [State] Zip: [Zip]
Preparator's EIN: [EIN]

Payroll service name: [Service Name]
Prepared Date: [Date]
Mail to: NYS EMPLOYMENT TAXES, CHURCH STREET STATION, PO BOX 1417, NEW YORK, NY 10008-1417

EMPLOYER COPY

EMPLOYER

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Tax Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

(a) Social security no.	(b) Last name, first name, middle initial	(c) US total compensation (gross wages paid less union dues)	(d) Gross wages subject to withholding	(e) Total tax withheld
223456783	CONALES, MILTON	2600 00		
142649161	GRANJALES, GUSTAVO	2600 00		
125762488	GUDIEL, WALTER	2600 00		
104406661	GUTMAN, GABRIEL JAMES	2800 00		
171760758	GUTMAN, JORGE I.	2120 00		
124044326	HABIB, SAUFI F.	4845 00		
093707850	HERNANDEZ, GERARDO	10154 1E		
003748472	IBRAHIM, MIMIAT	4320 00		
523156790	IBRAHIM, FRANCIS S.	3360 00		
629054891	JARAMILLO, JOHN FRITZ	3920 00		
058728457	JAYNES, FELIPE	2050 00		
061004244	LOPEZ, JOSE V.	2350 00		
074959753	LOVOLA, FREDY	2880 00		
123456781	LUNA, DANIEL	2080 00		
057430892	LUNA, WALTER	3360 00		
067808903	MALDONADO, RAFAEL	2720 00		

Page No. 6 of 7 Total this page only 56398 16

If first page, enter grand total of all pages,
If you are using a paid preparer or a payroll service, the preparer or payroll service must file this return with the IRS.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's firm name (or, if self-employed, address): _____
Preparer's EIN: _____
Check if self-employed: ☐

Physical service address: _____
Period service's EIN: _____
MAY USE EMPLOYMENT TAXES
COURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Tax Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

(a) Social security no.	(b) Last name, first name, middle initial	(c) US total compensation (gross wages paid less union dues)	(d) Gross wages subject to withholding	(e) Total tax withheld
067624504	MALDONADO, RICARDO	2600 00		
091927030	MARTE, VICTOR	6300 00		
461572277	MEDINA, SEGUNDO	1350 00		
130008034	MEDRUEL, EDAN	3150 00		
113030927	MEXICAL, EDAN	2000 00		
123664711	MONTALBANO, LOURATHE	4440 00		
251794956	MONTUZA, FRANCISCO J.	2080 00		
085524660	MORSE, JOEL	9611 76		
025346335	ORDONEZ, ENRIQUE	2600 00		
011790091	ORDONEZ, MARCELLO	2420 00		
031024531	PAIDA, JOEL	2400 00		
135760572	PINA, LOUIS FERNANDO	3120 00		
09229582	PEREZ, CARLOS	200 00		
122440397	PERALTA, HORACIO	4000 00		
089760600	POLANCO, YOLANDA	900 00		
148009403	PORRATA, FERNANDO	2410 00		

Page No. 5 of 7 Total this page only 56375 76

If first page, enter grand total of all pages,
If you are using a paid preparer or a payroll service, the preparer or payroll service must file this return with the IRS.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's firm name (or, if self-employed, address): _____
Preparer's EIN: _____
Check if self-employed: ☐

Physical service address: _____
Period service's EIN: _____
MAY USE EMPLOYMENT TAXES
COURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Tax Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

(a) Social security no.	(b) Last name, first name, middle initial	(c) US total compensation (gross wages paid less union dues)	(d) Gross wages subject to withholding	(e) Total tax withheld
030138609	QUINTEROS, MANUEL	2600 00		
547229107	QUINTEROS, SEGUNDO	2600 00		
030107436	QUINTEROS, WILSON	1030 00		
133029159	RAMIREZ, RICHARD A.	3740 00		
123906454	RAYON, ANASTASIA	3300 00		
502527901	REYNOLDS, ROBERT	2600 00		
090770741	SILVEIRA, WALTER	2640 00		
233723442	SODAS, FRANCISCO	2640 00		
456232726	ACORRIGUES, EDNA	8094 00		
142025635	ACORRIGUES, JUNIOR	2080 00		
149495981	ALVARES, FRANKY	3600 00		
154252197	ALVARES, LUIS JAVIER	3304 00		
030978529	ALVARES, MARCELLO	1760 00		
097687827	MORERO, JORGE	3600 00		
055204195	RODRIGUEZ, VICTOR	2400 00		
043063382	VALDEZ, JUAN	4095 75		

Page No. 6 of 7 Total this page only 51831 75

If first page, enter grand total of all pages,
If you are using a paid preparer or a payroll service, the preparer or payroll service must file this return with the IRS.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's firm name (or, if self-employed, address): _____
Preparer's EIN: _____
Check if self-employed: ☐

Physical service address: _____
Period service's EIN: _____
MAY USE EMPLOYMENT TAXES
COURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Tax Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

(a) Social security no.	(b) Last name, first name, middle initial	(c) US total compensation (gross wages paid less union dues)	(d) Gross wages subject to withholding	(e) Total tax withheld
300523715	BAHCEK, SALVADOR	2600 00		
092866523	BAHCEK, ALVARO	3840 00		
066063095	BAHCEK, SAUTOS	2700 00		
120400951	BERANO, RICARDO	3000 00		
14627670	BERANO, TUDOR	250 00		
108464323	BERRY, JONAS	2020 00		
094587558	BYNOLTER, ADAM	5300 00		
113223393	BYNOLTER, FRED	6500 00		
094507390	BYNOLTER, GARY	4100 00		
076623191	TIWOS, FRANCISCO	2600 00		
165097654	TORO, ALONSO	3660 00		
237789035	UNSTELES, WILSON	3360 00		
117702170	YODREFF, TAJAK	5130 00		

Page No. 7 of 7 Total this page only 53310 80

If first page, enter grand total of all pages,
If you are using a paid preparer or a payroll service, the preparer or payroll service must file this return with the IRS.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's firm name (or, if self-employed, address): _____
Preparer's EIN: _____
Check if self-employed: ☐

Physical service address: _____
Period service's EIN: _____
MAY USE EMPLOYMENT TAXES
COURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return

Employer Identification Number: 7066417 5
 Withholding Identification Number: 133949590 1
 Employer Legal Name: PARK IT MANAGEMENT CORP
 Date Due: 10/31/03
 If seasonal employer, check box: ☐

Number of Employees: 93
 Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month:

a. First month	b. Second month	c. Third month
93	95	100

Part A - Unemployment Insurance (UI) Information

1. Total remuneration paid this quarter: 394241.00
 2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 252806.00
 3. Wages subject to contribution pursuant to law in UI: 141435.00
 4. UI contributions due: 3571.21
 5. Re-employment services fund payable to NY: 106.08
 6. UI previously overpaid with interest: 3677.29
 7. Total of lines 4, 5, and 6: 3677.29
 8. Enter UI previously overpaid: 3677.29
 9. Total UI overpaid due to the employer (line 8 less line 7): 0.00
 10. Total UI overpaid due to the employer (line 8 less line 7) less amount of credit for overpayment: 0.00
 11. Apply to outstanding liabilities and/or refund: 3677.29

Part B - Withholding Tax (WT) Information

12. New York State tax withheld: 10094.28
 13. City of New York tax withheld: 4822.65
 14. City of Yonkers tax withheld: 0.00
 15. Total tax withheld (line 12 plus line 13 plus line 14): 14916.93
 16. WT credit from previous quarter's return (payable): 0.00
 17. NY-6 payments already made for this quarter: 14916.93
 18. Total payments (line 15 plus line 17): 14916.93
 19. Total WT amount due (line 15 plus line 17 less line 18): 0.00
 20. Total WT overpaid (line 18 less line 19): 0.00
 21. Apply to outstanding liabilities and/or refund: 3677.29

*** AN OVERPAYMENT OF EITHER TAX CANNOT BE USED TO OFFSET THE AMOUNT DUE ON THE OTHER TAX**

Complete parts D and E on back of form, if required. This is a summary form; please file the original.

Part C - Employee Wage and Withholding Information

Quarterly employee wage reporting information (if more than 5 employees or if reporting other wages, DO NOT make entries in this section, complete Form NYS-45-ATT).

(a) Social security no.	(b) Last name, first name, middle initial	(c) Gross wages (before taxes and other deductions)	(d) Social security tax	(e) State income tax	(f) Total tax withheld

CLIENT COPY

Align your return! Verify that the information on this return is to the best of your knowledge and belief true, correct and complete.

Employer signature: _____ Date: _____

Employer's Quarterly Federal Tax Return

See separate instructions revised January 2003 for information on completing this return.

Employer's name: PARK IT MANAGEMENT CORP
 Address: 250 W 30TH ST, NEW YORK, NY 10014
 Date: 06/30/03
 Employer Identification Number: 13-3949590

EMPLOYER COPY

1. Number of employees in the pay period that includes March 12th: 1
 2. Total wages and tips, plus other compensation: 428255.66
 3. Total income tax withheld from wages, tips, and sick pay: 32679.58
 4. Adjustment of withheld income tax for preceding quarters of this calendar year: 0.00
 5. Adjusted total of income tax withheld (line 3 as adjusted by line 4): 32679.58
 6. Taxable social security wages: 32679.58
 7. Taxable Medicare wages and tips: 32679.58
 8. Total social security and Medicare taxes (add lines 6, 7, and 8): 12439.41
 9. Total social security and Medicare taxes (add lines 6, 7, and 8) less amount of credit for overpayment: 12439.41
 10. Total taxes (add lines 9 and 10): 12439.41
 11. Advance earned income credit (EIC) payments made to employees (see instructions): 0.00
 12. Net taxes (subtract line 11 from line 10): 12439.41
 13. Total deposits for quarter, including overpayment applied from a prior quarter: 12439.41
 14. Balance due (subtract line 13 from line 12): 0.00
 15. Overpayment, if line 14 is more than line 13, enter amount here and check if to be: 0.00

EMPLOYER COPY

17. Monthly Summary of Federal Tax Liability. Complete Schedule B (Form 941) if required, if you were a semiweekly schedule depositor.

18. Balance due (subtract line 14 from line 13). See instructions.

19. Overpayment, if line 14 is more than line 13, enter amount here and check if to be: 0.00

20. All items: If line 13 is less than line 14, enter amount here. If line 13 is more than line 14, enter amount here.

21. Monthly schedule deposits: Complete line 17, column (b) through (f), and check box.

22. Total payments due (line 18 plus line 19): 0.00

SCHEDULE B (FORM 941) Employer's Record of Federal Tax Liability

See Circular E for more information about employment tax returns.

Employer Identification Number: 13-3949590
 Date entered ended: 06/30/03

Attach to Form 941 or Form 941-SS.

Number of Employees: 93
 Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month:

a. First month	b. Second month	c. Third month
97	92	91

A. Daily Tax Liability—First Month of Quarter

1. Total remuneration paid this quarter: 429456.00	2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 11706.11
3. Wages subject to contribution pursuant to law in UI: 13137.00	4. UI contributions due: 4697.20
5. Re-employment services fund payable to NY: 29008.00	6. UI previously overpaid with interest: 0.00
7. Total of lines 4, 5, and 6: 7526.62	8. Enter UI previously overpaid: 16403.31
9. Total UI overpaid due to the employer (line 7 less line 8): 223.56	10. Total UI overpaid due to the employer (line 7 less line 8) less amount of credit for overpayment: 16391.76
11. Apply to outstanding liabilities and/or refund: 16391.76	12. Total tax liability for first month of quarter: 11.55

B. Daily Tax Liability—Second Month of Quarter

1. Total remuneration paid this quarter: 7149.30	2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 8299.72
3. Wages subject to contribution pursuant to law in UI: 5401.47	4. UI contributions due: 8679.59
5. Re-employment services fund payable to NY: 223.56	6. UI previously overpaid with interest: 16391.76
7. Total of lines 4, 5, and 6: 7526.62	8. Enter UI previously overpaid: 16391.76
9. Total UI overpaid due to the employer (line 7 less line 8): 223.56	10. Total UI overpaid due to the employer (line 7 less line 8) less amount of credit for overpayment: 11.55
11. Apply to outstanding liabilities and/or refund: 11.55	12. Total tax liability for second month of quarter: 11.55

C. Daily Tax Liability—Third Month of Quarter

1. Total remuneration paid this quarter: 7118.18	2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 7820.02
3. Wages subject to contribution pursuant to law in UI: 5972.74	4. UI contributions due: 7500.13
5. Re-employment services fund payable to NY: 223.56	6. UI previously overpaid with interest: 16391.76
7. Total of lines 4, 5, and 6: 7526.62	8. Enter UI previously overpaid: 16391.76
9. Total UI overpaid due to the employer (line 7 less line 8): 223.56	10. Total UI overpaid due to the employer (line 7 less line 8) less amount of credit for overpayment: 11.55
11. Apply to outstanding liabilities and/or refund: 11.55	12. Total tax liability for third month of quarter: 11.55

D. Total tax liability for quarter (add lines A, B, and C). This should equal line 13 of Form 941 (or line 10 of Form 941-SS).

30913.06

For Paperwork Reduction Act Notice, see page 2. Cat. No. 110670 Schedule B (Form 941) (Rev. 11-02)

SCHEDULE B (FORM 941) Employer's Record of Federal Tax Liability

See Circular E for more information about employment tax returns.

Employer Identification Number: 13-3949590
 Date entered ended: 06/30/03

Attach to Form 941 or Form 941-SS.

Number of Employees: 97
 Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month:

a. First month	b. Second month	c. Third month
97	92	91

A. Daily Tax Liability—First Month of Quarter

1. Total remuneration paid this quarter: 429456.00	2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 11706.11
3. Wages subject to contribution pursuant to law in UI: 13137.00	4. UI contributions due: 4697.20
5. Re-employment services fund payable to NY: 29008.00	6. UI previously overpaid with interest: 0.00
7. Total of lines 4, 5, and 6: 7526.62	8. Enter UI previously overpaid: 16403.31
9. Total UI overpaid due to the employer (line 7 less line 8): 223.56	10. Total UI overpaid due to the employer (line 7 less line 8) less amount of credit for overpayment: 16391.76
11. Apply to outstanding liabilities and/or refund: 16391.76	12. Total tax liability for first month of quarter: 11.55

B. Daily Tax Liability—Second Month of Quarter

1. Total remuneration paid this quarter: 7149.30	2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 8299.72
3. Wages subject to contribution pursuant to law in UI: 5401.47	4. UI contributions due: 8679.59
5. Re-employment services fund payable to NY: 223.56	6. UI previously overpaid with interest: 16391.76
7. Total of lines 4, 5, and 6: 7526.62	8. Enter UI previously overpaid: 16391.76
9. Total UI overpaid due to the employer (line 7 less line 8): 223.56	10. Total UI overpaid due to the employer (line 7 less line 8) less amount of credit for overpayment: 11.55
11. Apply to outstanding liabilities and/or refund: 11.55	12. Total tax liability for second month of quarter: 11.55

C. Daily Tax Liability—Third Month of Quarter

1. Total remuneration paid this quarter: 7118.18	2. Remuneration paid this quarter to each employee in excess of \$10,000 during January: 7820.02
3. Wages subject to contribution pursuant to law in UI: 5972.74	4. UI contributions due: 7500.13
5. Re-employment services fund payable to NY: 223.56	6. UI previously overpaid with interest: 16391.76
7. Total of lines 4, 5, and 6: 7526.62	8. Enter UI previously overpaid: 16391.76
9. Total UI overpaid due to the employer (line 7 less line 8): 223.56	10. Total UI overpaid due to the employer (line 7 less line 8) less amount of credit for overpayment: 11.55
11. Apply to outstanding liabilities and/or refund: 11.55	12. Total tax liability for third month of quarter: 11.55

D. Total tax liability for quarter (add lines A, B, and C). This should equal line 13 of Form 941 (or line 10 of Form 941-SS).

30913.06

For Paperwork Reduction Act Notice, see page 2. Cat. No. 110670 Schedule B (Form 941) (Rev. 11-02)



UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- X Apr 1- Jan 1- Apr 1- Jan 1- Apr 1-
Mar 31- Mar 31- May 31- May 31- Jun 30- Jun 30-
1 2 3 4 Y Y Year
B. Other wages only reported on this page ...
C. If seasonal employer, check box

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total non-exempt wages paid the quarter	(d) Gross wages subject to withholding	(e) Total tax withheld	
052642075	DURANTE, MARCEL	3730 00			
065606139	DURAN, RAFAEL	4128 00			
261996559	EDRICHES, MIGUEL	3380 00			
10A42320	EVANS, ALBERT	5780 00			
091638456	FAJARDO, CESAR	3120 00			
107509127	FERRER, ROBINSON J.	1680 00			
066886022	FILLO, RAUL	2990 00			
030051656	GALLEGO, TONY	4320 50			
050440917	GERBER, MITCHELL	5525 00			
065623388	GUILIAN, ANTONIO	8800 00			
101800329	GIRGIS, MICHAEL	3240 00			
144807369	GOMEZ, HERMAN	3790 00			
100800075	GONZALEZ, GIOVANNI	3120 00			
123456709	GUZMARE, WILTON	10400 00			
142649161	GUZMAN, EDUARDO	3900 00			
125762400	GUTIERREZ, JUAN	3920 00			
		72350 50			

Page No. 1 of 7. Total this page only
If first page, enter grand total of all pages

If you are using a paid preparer or a payroll service, the preparer must sign this form.

Preparer's signature: _____ Date: _____
Preparer's firm name for year, if self-employed: _____
Preparer's title: _____
Preparer's address: _____
Preparer's EIN: _____

Employer's signature: _____ Date: _____
Employer's firm name for year, if self-employed: _____
Employer's title: _____
Employer's address: _____
Employer's EIN: _____

Mail to: NY STATE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- X Apr 1- Jan 1- Apr 1- Jan 1- Apr 1-
Mar 31- Mar 31- May 31- May 31- Jun 30- Jun 30-
1 2 3 4 Y Y Year
B. Other wages only reported on this page ...
C. If seasonal employer, check box

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total non-exempt wages paid the quarter	(d) Gross wages subject to withholding	(e) Total tax withheld	
104486661	GUDDIN, GABRIEL	3120 00			
171768259	GUZMAN, JORGE I.	3160 00			
124044326	HABIB, SAMIR F.	6260 75			
123445561	HERRERA, JULIO	2970 00			
093707090	HERRERA, GERARDO	7270 20			
083746472	IRRAHIM, MIMAT	4680 00			
622166700	IRRAHIM, MARCOS E.	3920 00			
629054891	JARMILLO, JOHN FREDY	3640 00			
061880424	LOPEZ, JOSH V.	3640 00			
074968753	LOYOLA, FREDY	3120 00			
123456701	LUNA, DANIEL	3600 00			
098676754	LUNA, FREDY	1820 00			
057430893	LUNA, WALTER	4200 00			
067809903	MALDONADO, MARCOS	3120 00			
067624504	MALDONADO, EDUARDO	7080 00			
091927830	MARTIN, VICTOR	3140 00			
		72750 51			

Page No. 4 of 7. Total this page only
If first page, enter grand total of all pages

If you are using a paid preparer or a payroll service, the preparer must sign this form.

Preparer's signature: _____ Date: _____
Preparer's firm name for year, if self-employed: _____
Preparer's title: _____
Preparer's address: _____
Preparer's EIN: _____

Employer's signature: _____ Date: _____
Employer's firm name for year, if self-employed: _____
Employer's title: _____
Employer's address: _____
Employer's EIN: _____

Mail to: NY STATE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417



UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- X Apr 1- Jan 1- Apr 1- Jan 1- Apr 1-
Mar 31- Mar 31- May 31- May 31- Jun 30- Jun 30-
1 2 3 4 Y Y Year
B. Other wages only reported on this page ...
C. If seasonal employer, check box

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total non-exempt wages paid the quarter	(d) Gross wages subject to withholding	(e) Total tax withheld	
367091250	HENDEZ, CARLOS H.	3050 00			
1138080927	MIRALL, EMAD	3050 00			
124564711	MONTALVO, LORENA	4810 00			
231794956	MONTANA, FRANCISCO J.	3360 00			
086524660	MOORE, JONEL	7170 30			
085364635	ORDONEZ, ENRIQUE	3860 00			
113547041	PARRA, BARTOLOME	5190 00			
126268672	PERA, LOUIS FERNANDO	1380 00			
300746260	PERAZIEL, WASHINGTON	332 50			
092029582	PEREZ, CARLOS	3360 02			
122440387	PEREZ, HUBERTO	4480 75			
048054620	PINO, WALTER	1920 00			
089768600	POLANCO, VICTOR	2860 00			
140889403	PORRAS, FRANCISCO	4030 00			
030130609	QUINTERO, JUAN	3780 00			
647329107	QUINTERO, JUAN	2860 00			
		52410 45			

Page No. 5 of 7. Total this page only
If first page, enter grand total of all pages

If you are using a paid preparer or a payroll service, the preparer must sign this form.

Preparer's signature: _____ Date: _____
Preparer's firm name for year, if self-employed: _____
Preparer's title: _____
Preparer's address: _____
Preparer's EIN: _____

Employer's signature: _____ Date: _____
Employer's firm name for year, if self-employed: _____
Employer's title: _____
Employer's address: _____
Employer's EIN: _____

Mail to: NY STATE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417



UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original ☒ or Amended Return
Jan 1- X Apr 1- Jan 1- Apr 1- Jan 1- Apr 1-
Mar 31- Mar 31- May 31- May 31- Jun 30- Jun 30-
1 2 3 4 Y Y Year
B. Other wages only reported on this page ...
C. If seasonal employer, check box

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total non-exempt wages paid the quarter	(d) Gross wages subject to withholding	(e) Total tax withheld	
087823312	RAMIREZ, JORGE	3050 00			
113829159	RAMIREZ, RICHARD	4060 00			
123906494	RANDON, SARANTZAN	3380 00			
132901233	RIVERA, HENRY	3600 00			
090778741	RIVERA, WALTER	3860 00			
133722442	RODAS, FRANCISCO	3640 00			
458212736	RODRIGUEZ, DIANA	9230 00			
143035633	RODRIGUEZ, JUSTO	3120 00			
149485902	ROJAS, FREDY	3900 00			
154162197	RODRIGUEZ, LUIS JAVIER	3640 00			
097687827	ROMERO, JORGE	3200 00			
055204195	ROMERO, VIBOLIO	240 00			
087824646	SALAZAR, OSCAR	2240 00			
380523715	SANCHEZ, SALVADOR GUERRA	3120 00			
093866513	SANCHEZ, CLAYTON	1600 00			
066061895	SANCHEZ, JUSTO	3800 00			
		57380 00			

Page No. 6 of 7. Total this page only
If first page, enter grand total of all pages

If you are using a paid preparer or a payroll service, the preparer must sign this form.

Preparer's signature: _____ Date: _____
Preparer's firm name for year, if self-employed: _____
Preparer's title: _____
Preparer's address: _____
Preparer's EIN: _____

Employer's signature: _____ Date: _____
Employer's firm name for year, if self-employed: _____
Employer's title: _____
Employer's address: _____
Employer's EIN: _____

Mail to: NY STATE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

Part D - NY-1 Corrections/Additions

Use Part D ONLY for corrections/additions to the quarterly combined withholding information reported on NY-1 (or NY-10) (filed, complete columns (a), (b), (c) and (d). To report additional withholding information not previously submitted on NY-1 (or NY-10), complete ONLY columns (a) and (d). Lines 12-16 on the front of this return MUST reflect these corrections/additions.

(a) Original Last Payroll Date Reported on Form NY-1, Line A (MM/YY)	(b) Original Total Withheld Reported on Form NY-1, Line 4	(c) Correct Last Payroll Date (MM/YY)	(d) Correct Total Withheld
--	---	---	-------------------------------

EMPLOYER COPY

Part E - Change of Business Information

22. If you are a new employer or have an address change, enter below the address at which you want to receive this form.

Employer's true name
☐ Same ☐ (check box if applicable)
 Street or PO Box
 City State ZIP code
 If the above address is your paid preparer, check box ☐

23. If you permanently ceased paying wages, enter the date (MM/DD/YY) of the final payroll.

24. Did you sell or transfer all or part of your business? ☐ Yes ☒ No

If Yes, indicate if sold or transfer was in Whole or Part.

Complete Form CTF-95, Change of Business Information, to report changes in Federal Identification Number/Withholding ID Number, ownership, business name, business activity, etc. (See instructions for CTF-95). If you are a seasonal employer, check box ☐ Seasonal employer. If you are a seasonal employer, check box ☐ Seasonal employer.

If you are using a paid preparer or a payroll service, the return should be completed by the preparer or service.

Paid Preparer's Use	Preparer's signature	Preparer's name	Date	Check if self-employed	Preparer's social security number
		COMPUFAY, INC.	03/03/03	<input type="checkbox"/>	593022495
Payroll service name	Payroll service's EIN				
COMPUFAY NEW YORK, INC.	133920377				

Checklist for mailing:

- File original return and prepare copy for your records
- Complete lines 8 and 19 to ensure proper credit of payments
- Enter Withholding ID Number on your check
- Make check payable to NY-1 Employment Taxes
- Use enclosed envelope for mailing completed return and check
- Enter your telephone number in space provided on front
- Send both or forms? Call 1 800 972-1233

Mail to:
 NY-1 EMPLOYMENT TAXES
 CHURCH STREET STATION
 PO BOX 1417
 NEW YORK NY 10008-1417

NY-45-ATT (back)

UI Employer Registration Number: 7056417 5

Withholding Identification Number: 133949590 1

Employer Legal Name: FARE IT MANAGEMENT CORP

Check applicable box(es):

A. Original ☒ or Amended Return

X Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Year

1 2 3 4 Y Y

B. Other wages only reported on this page...

C. If seasonal employer, check box...

Quarterly employee wage reporting information			Annual report and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total unemployment wages and this state	(d) Gross wages subject to withholding	(e) Total tax withheld
DETAILED WAGE LISTING SUBMITTED ON PAGE 12				
TAXES FOR THE AMOUNT OF 437,774.00				
EMPLOYER COPY				

Page No. 1 of 1 Total this page only

If first page, enter grand total of all pages.

If you are using a paid preparer or a payroll service, the return should be completed by the preparer or service.

Paid Preparer's Use	Preparer's signature	Preparer's name	Date	Check if self-employed	Preparer's social security number
		COMPUFAY, INC.	03/03/03	<input type="checkbox"/>	593022495
Payroll service name	Payroll service's EIN				
COMPUFAY NEW YORK, INC.	133920377				

UI Employer Registration Number: 7056417 5

Withholding Identification Number: 133949590 1

Employer Legal Name: FARE IT MANAGEMENT CORP

Check applicable box(es):

A. Original ☒ or Amended Return

X Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Year

1 2 3 4 Y Y

B. Other wages only reported on this page...

C. If seasonal employer, check box...

Quarterly employee wage reporting information			Annual report and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total unemployment wages and this state	(d) Gross wages subject to withholding	(e) Total tax withheld
DO NOT FILL THIS PAGE OR FOLLOWING PAGES				
DETAILED WAGE LISTING SUBMITTED ON PAGE 12				
TAXES FOR THE AMOUNT OF 437,774.00				
EMPLOYER COPY				

Page No. 1 of 1 Total this page only

If first page, enter grand total of all pages.

If you are using a paid preparer or a payroll service, the return should be completed by the preparer or service.

Paid Preparer's Use	Preparer's signature	Preparer's name	Date	Check if self-employed	Preparer's social security number
		COMPUFAY, INC.	03/03/03	<input type="checkbox"/>	593022495
Payroll service name	Payroll service's EIN				
COMPUFAY NEW YORK, INC.	133920377				

UI Employer Registration Number: 7056417 5

Withholding Identification Number: 133949590 1

Employer Legal Name: FARE IT MANAGEMENT CORP

Check applicable box(es):

A. Original ☒ or Amended Return

X Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31 Year

1 2 3 4 Y Y

B. Other wages only reported on this page...

C. If seasonal employer, check box...

Quarterly employee wage reporting information			Annual report and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) UI total unemployment wages and this state	(d) Gross wages subject to withholding	(e) Total tax withheld
076820869	BENCOONE, ELVIS	3400 00		
496349349	BRAY, FRIDY	5400 00		
215233284	CANWELL, AUBREY	3640 00		
167448726	CARANKU, JULIO	4420 00		
051802211	CARDENAS, IVAN WILFRED	3120 00		
067097856	CASTILLO, FARIAN	3120 00		
085000578	CHERRE, FERNANDO	4160 00		
115009087	CHURRES, RAFAEL	6695 00		
042543430	COMPUFAY, JULIO CESAR	3180 00		
076908639	CORONEL, WILSON FERNANDO	3120 00		
026648712	CORREA, RAUL	2320 00		
101809433	CRUZ, FRIDY A.	4800 00		
094805013	DANCOO, HILDADET P.	1300 00		
098907047	DE JESUS, JEROME, MICHEL	3120 00		
121049850	DE JESUS, JEROME, MICHEL	1600 00		
052642079	DE JESUS, JEROME, MICHEL	4250 00		
EMPLOYER COPY				

Page No. 2 of 1 Total this page only

If first page, enter grand total of all pages.

If you are using a paid preparer or a payroll service, the return should be completed by the preparer or service.

Paid Preparer's Use	Preparer's signature	Preparer's name	Date	Check if self-employed	Preparer's social security number
		COMPUFAY, INC.	03/03/03	<input type="checkbox"/>	593022495
Payroll service name	Payroll service's EIN				
COMPUFAY NEW YORK, INC.	133920377				

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original x or Amended Return
X Jan 1- Apr 1- Jul 1- Oct 1- 03 Tax
Mar 31- Jun 30- Sep 30- Dec 31- Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) Total compensation subject to withholding	(d) Gross wages subject to withholding	(e) Total tax withheld	(f) Total tax over/under
065806139	DURAN, RAFAEL	4150 00			
261390569	DIROQUE, MIGUEL	4150 00			
104542328	EVANS, ALONZO	4420 00			
091630456	FATARDI, CESAR	3120 00			
072626271	FATIMAS, PETER	8000 00			
107909117	FERRER, ROBINSON J.	3120 00			
066806022	FILPO, RAUL	2990 00			
030051656	GALLEGO, TELMO	5162 50			
125820376	GARCIA, ANSEL	690 00			
05040917	GERSH, MITCHELL	5525 00			
065623380	GILMAN, ADRIAN	7150 00			
101003295	GIRGIS, MICHAEL	2785 00			
144887369	GOMEZ, HERMAN	3678 00			
100800075	GOZCAREZ, GIOVANNI	3120 00			
123456789	GOZCAREZ, GIOVANNI	3120 00			
142649361	GOZCAREZ, GIOVANNI	3120 00			
Total		72900 50			

Page No. 1 of 7. Total this page only
If first page, enter grand total of all pages.....
If you are using a paid preparer or a payroll service, the preparer must sign this page.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's title (must be paid preparer or payroll service, the preparer must sign this page): _____
Preparer's EIN: _____
Preparer's address: _____
Preparer's phone: _____

MAILED TO THE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original x or Amended Return
X Jan 1- Apr 1- Jul 1- Oct 1- 03 Tax
Mar 31- Jun 30- Sep 30- Dec 31- Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) Total compensation subject to withholding	(d) Gross wages subject to withholding	(e) Total tax withheld	(f) Total tax over/under
125762480	GUDIEL, WALTER	1780 00			
104406561	GUDIAN, GABRIEL	3280 00			
171768259	GUDIAN, JORGE T.	1780 00			
134844326	HABER, RAMIR F.	5185 00			
123445561	HERRAS, JULIO	4350 00			
093707050	HERRERA, GERARDO	6730 56			
083748472	IBRAHEM, MIHAT	5400 00			
622156700	IBRAHEM, MARCOS S.	7500 00			
629054891	JARAMILLO, JOHN FREDY	3640 00			
050726457	JIMENEZ, PHILIP	1040 00			
078656621	LOPEZ, GEORGE RODAS	1680 00			
063800424	LOPEZ, JOSE V.	2640 00			
074589783	LOYOLA, FREDY	2160 00			
123456781	LUNA, DANIEL	3120 00			
098676754	LUNA, DANIEL	3120 00			
057430892	LUNA, DANIEL	3120 00			
Total		55377 56			

Page No. 4 of 7. Total this page only
If first page, enter grand total of all pages.....
If you are using a paid preparer or a payroll service, the preparer must sign this page.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's title (must be paid preparer or payroll service, the preparer must sign this page): _____
Preparer's EIN: _____
Preparer's address: _____
Preparer's phone: _____

MAILED TO THE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original x or Amended Return
X Jan 1- Apr 1- Jul 1- Oct 1- 03 Tax
Mar 31- Jun 30- Sep 30- Dec 31- Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) Total compensation subject to withholding	(d) Gross wages subject to withholding	(e) Total tax withheld	(f) Total tax over/under
067808903	MALDONADO, MARCOS	7055 50			
067624504	MALDONADO, RICHARD	7055 50			
091927630	MARTE, VICTOR	7105 00			
119568926	MELANDEZ, FRIED	2485 84			
167091358	MERCHAN, CARLOS H.	3770 00			
123800927	METCAL, ROSE	3220 00			
124564711	MONTALBAN, LORRAINE	4810 00			
231794956	MONTUVA, FRANCISCO J.	3120 00			
086524660	MORIS, JOEL	7655 20			
592477982	MASCARENHO, SERGIO H.	4420 00			
005364635	ORRICHES, ENRIQUE	2860 00			
113547043	PARRA, ENRIQUE	5109 00			
125368672	PENA, LOUIS FERNANDO	3380 00			
100746260	PERAZIEL, WASHINGTON	4122 50			
002829582	PEREZ, CARLOS	5160 00			
127440387	PEREZ, CARLOS	4340 00			
Total		69200 74			

Page No. 5 of 7. Total this page only
If first page, enter grand total of all pages.....
If you are using a paid preparer or a payroll service, the preparer must sign this page.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's title (must be paid preparer or payroll service, the preparer must sign this page): _____
Preparer's EIN: _____
Preparer's address: _____
Preparer's phone: _____

MAILED TO THE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

UI Employer Registration Number: 7066417 5
Withholding Identification Number: 133949590 1

Employer Legal Name:
PARK IT MANAGEMENT CORP

Check applicable box(es):
A. Original x or Amended Return
X Jan 1- Apr 1- Jul 1- Oct 1- 03 Tax
Mar 31- Jun 30- Sep 30- Dec 31- Year
1 2 3 4 Y Y
B. Other wages only reported on this page...
C. If seasonal employer, check box.....

Quarterly employee wage reporting information				Annual wage and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) Total compensation subject to withholding	(d) Gross wages subject to withholding	(e) Total tax withheld	(f) Total tax over/under
040054620	PINEDA, WALTER	4630 00			
148889403	PONNAS, FRANCISCO	4630 00			
547129107	QUINTEROS, SEGUNDO	2860 00			
087023332	RAMIREZ, JORGE	1680 00			
113629159	RAMIREZ, RICHARD A.	4800 00			
123906494	RAMON, BARABTIAN	3280 00			
132901232	RIVERA, HENRY	3120 00			
090798741	RIVERA, WALTER	3120 00			
133722442	RODAS, FRANCISCO	3640 00			
458232726	RODRIGUEZ, DIANA	9230 00			
143025635	RODRIGUEZ, JUNIOR	3120 00			
149495901	ROJAS, FREDY	3900 00			
154162197	ROJAS, LUIS JAVIER	1120 00			
100923735	RUICHES, SALVADOR GONZALEZ	3700 00			
093066523	RUICHES, SALVADOR GONZALEZ	3700 00			
066863895	RUICHES, SALVADOR GONZALEZ	3700 00			
Total		57280 00			

Page No. 6 of 7. Total this page only
If first page, enter grand total of all pages.....
If you are using a paid preparer or a payroll service, the preparer must sign this page.

Paid Preparer's Use
Preparer's signature: _____ Date: _____
Preparer's title (must be paid preparer or payroll service, the preparer must sign this page): _____
Preparer's EIN: _____
Preparer's address: _____
Preparer's phone: _____

MAILED TO THE EMPLOYMENT TAXES
CHURCH STREET STATION
PO BOX 1417
NEW YORK NY 10008-1417

IN Employer Registration Number: 7056417 5
 Withholding Identification Number: 133949599 1

Employer Legal Name:
 PARK IT MANAGEMENT CORP

Check applicable box(es):
 A. Original ☒ or Amended Return
 X Jan 1- Mar 31 Apr 1- Jun 30 July 1- Sep 30 Oct 1- Dec 31 Year
 1 2 3 4 Y Y
 B. Other wages only reported on this page...
 C. If seasonal employer, check box

Quarterly employee wage reporting information			Annual wages and withholding totals	
(a) Social security no.	(b) Last name, first name, middle initial	(c) Total wages and other compensation paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
118825344	BAKAR, EATIP EL	3640 00		
118440951	SERRANO, RICARDO	3120 00		
146275970	SERRANO, TEDORO	3640 00		
109684321	SOBRY, HADER	2660 00		
094507559	SPINDLER, ADAM	5610 00		
213323331	SPINDLER, FRED	2096 00		
094507128	SPINDLER, GARY	44850 00		
076623191	TORO, FRANCISCO	4825 00		
165097654	TORO, ALEXANDER	3180 00		
237789035	UNTELES, WILLIAM	3640 00		
117782170	YOUSSEF, TANAK	5557 50		
EMPLOYER				

Page No. 7 of 7. Total this page only: 78779 30

If first page, enter grand total of all pages: 78779 30

If you are using a paid preparer or a payroll service, use a separate form for each.

Paid Preparer's Use	Preparer's signature	Preparer's firm name for year, if self-employed	Address	Check if self-employed <input type="checkbox"/>	Preparer's Social Security number
Payroll service name	Payroll service address	Payroll service EIN	Payroll service's EIN	Preparer's EIN	

For filing only
 Mailed on 11/05/2007 FAXED
 CHURCH STREET STATION
 PO BOX 1417
 NEW YORK NY 10008-1417